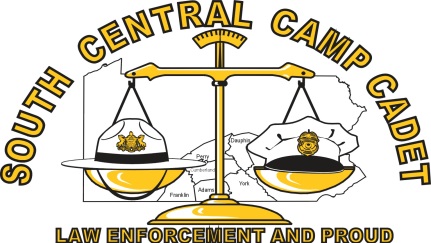
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**PHOTO/VIDEO RELEASE FORM**

For, and in consideration of, a copy of the photograph used, the undersigned, with intent to be legally bound, does hereby consent to the use of his/her likeness for the publication, and for the broadcast of photographs or video/film in any or all ***Southcentral Camp Cadet, Inc***., (hereinafter ***“Camp Cadet”***) publications, periodicals, advertisements, purposes, or for dissemination to the general public. Without limitation or reservation, and with an understanding of the special precautions undertaken by ***Camp Cadet*** to insure confidentiality, I knowingly and voluntarily, and for my heirs and administrators, do, release ***Camp Cadet***, its Directors, Officers, Agents, Employees, and Members from any or all liability of every nature, and all claims or causes of action or claims including, but not to be limited to, defamation, false-light privacy, invasion of privacy, commercial misappropriation, and disclosure of private facts.

I hereby state that I understand the content and effect of this Release:

Cadet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FIELD TRIP CONSENT FORM**

|  |  |
| --- | --- |
| This is to grant permission for |  |
| (Cadet’s Name) |
| to attend the field trip to Carlisle, Pennsylvania, and Hershey, Pennsylvania, on a specified day during the Camp Cadet week.  It is understood that Southcentral Camp Cadet, Inc., Staff will exercise reasonable caution in conducting or participating in the event and agree that they will not be held liable for any accident that may occur beyond that which is covered by Southcentral Camp Cadet, Inc., insurance. In the event of a medical emergency, I grant permission for treatment to be given by qualified medical personnel. | |

Signature of Cadet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_